



MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711
fax (775) 684-4619
www.dmvnv.com

CHANGE OF ADDRESS APPLICATION

Account Number: _____

Account Name: _____

New Mailing Address: _____
Street or P.O. Box Apt. No. City State Zip

New Nevada Physical Address: _____
(if different from mailing) Street City State Zip

Previous Mailing Address: _____
Street or P.O. Box Apt. No. City State Zip

Previous Physical Address: _____
Street or P.O. Box Apt. No. City State Zip

Licensing Agent Name: _____

Mailing Address: _____
Street or P.O. Box Apt. No. City State Zip

Please indicate all types of licenses being changed:

Vehicle Registration

Intrastate Authority

100% Special Fuel License

IFTA License

VEHICLE REGISTRATION: If you would like a registration certificate mailed to you reflecting the address change, please include a fee of **\$5.00** for each registration.

Under penalties of perjury, the undersigned declares that the information given is to the best of their knowledge true, accurate and complete.

Printed Name _____ Phone Number _____

Signature _____ Date _____